ប ្ Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFF CER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215 0188 Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fir es or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

QOZ 9 7 100	LY BEFORE PREPARING THIS REPORT
1 File Number U	2 Fiscal Year Covered From 10 / 31 / 1998 Through 3 / 22 / 2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name The KINGHES	Name CARPENTERS LOCAL 303
	Labor Organication File Number
PO Box Bldg Room No If any	PO Box Building and Room Number if any
Street 407- Rolling wood DR.	Street 4587 Hwy 61 South
City Vicksburg	City Dicks Gung & Constitution
State MISSISSIPP: ZIP Code + 4 39/80	State 1155/551PP; ZIP Code + 4 59/80
Enter appropriate data below if during the past fi cal year you or your spouse or minor child directly or indirectly had any or the following interests	
(except as specified in the exclusions set form in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any)	7 a Nature of Intere t Transaction or Income
Name CA/NS CARPENTERS REGIONAL COUNCE	
PO Box Bldg Room No If any	7 b Amount
Steet 8875 GREEN WELL STRINGS ROOD	
city Baton Rouge	
State 29, 219 Code + 4 70814;	
Signature	
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents). has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions.) Signed On Will 3.05 L 607-636-033-2	

Date

Telephone Number

Name of Person Filing	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or 2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	9 Business deals with a Labor Organization b Trust Employer	
10 If 9 b or 9 c is checked give trust or employer name	11 a Nature of such dealing	
Name Trade Name if any P O Box Bldg Room No if any Street City Sta e ZIP Code + 4	11 b App oximate dollar value of such dealing 12 a Nature of interest held or income received	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labo Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of pa/ment	
13 b Is the Business an Employer 2 or Consultant 2	14 b Amount of payment	